

IN TIPPECANOE COUNTY  
STATE OF INDIANA

STATE OF INDIANA

v.

ORIGINATING COURT

CAUSE NO: 79\_\_\_\_\_

DRUG COURT

CAUSE NO: 79D04-\_\_\_\_\_-MC-\_\_\_\_\_

**FACT SHEET AND REFERRAL FORM**

Dated: \_\_\_\_\_

Personal Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
State: IN Zip Code: \_\_\_\_\_ Pager: \_\_\_\_\_  
SS: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_-\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Martial Status: \_\_\_\_\_ Education Level: \_\_\_\_\_  
Year Graduated HS \_\_\_\_\_ GED \_\_\_\_\_ Year: \_\_\_\_\_  
Name of Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Employer Information:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Work# \_\_\_\_\_  
Hourly Rate \$ \_\_\_\_\_

12 Step Information:

Sponsor Name \_\_\_\_\_ Sponsor ph# \_\_\_\_\_  
Date sponsored \_\_\_\_\_ Home Group \_\_\_\_\_  
Sobriety Date \_\_\_\_\_  
VIP Mentor \_\_\_\_\_ VIP Mentor ph# \_\_\_\_\_  
Date Mentored \_\_\_\_\_

Originating Court Information:

Sentencing Court\_79D \_\_\_\_\_ Judge \_\_\_\_\_  
Charges \_\_\_\_\_  
Sentencing Court\_79D \_\_\_\_\_ Judge \_\_\_\_\_  
Charges \_\_\_\_\_  
Drug Court Cause # \_\_\_\_\_  
Attorney: \_\_\_\_\_ Atty phone: \_\_\_\_\_ Atty fax \_\_\_\_\_

Pending: \_\_\_\_\_  
(See back page if more cases)

Drug Court Information:

Start Date: \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Date eligible for PhII PhIII PhIV Graduation \_\_\_\_\_  
Date moved to PhII PhIII PhIV \_\_\_\_\_

BMV Information:

Drivers license (Make copy for file)  
Address on license \_\_\_\_\_  
Suspended? \_\_\_\_\_ Date for re-instatement \_\_\_\_\_  
Date Defensive Driving class \_\_\_\_\_ With what agency \_\_\_\_\_

Roommate information:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS # \_\_\_\_\_ Sex \_\_\_\_\_  
2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS # \_\_\_\_\_ Sex \_\_\_\_\_  
3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS # \_\_\_\_\_ Sex \_\_\_\_\_  
4) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS # \_\_\_\_\_ Sex \_\_\_\_\_

Significant other information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_ Address: \_\_\_\_\_  
Ph#: \_\_\_\_\_ Employer: \_\_\_\_\_

Dependants:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS # \_\_\_\_\_ Sex \_\_\_\_\_  
2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS # \_\_\_\_\_ Sex \_\_\_\_\_  
3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS # \_\_\_\_\_ Sex \_\_\_\_\_  
4) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS # \_\_\_\_\_ Sex \_\_\_\_\_  
5) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS # \_\_\_\_\_ Sex \_\_\_\_\_

Treatment Information:

Current treatment provider \_\_\_\_\_ Counselor: \_\_\_\_\_ Ph # \_\_\_\_\_

Past treatment \_\_\_\_\_

Current prescribed medications \_\_\_\_\_

Other addictions \_\_\_\_\_

Mental health diagnosis \_\_\_\_\_

Significant others' feelings to your participation in drug court:

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Organized Activities:

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Other:

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I hereby request and consent to a referral for evaluation to determine my eligibility for admission to Tippecanoe County Drug Court.

\_\_\_\_\_  
Signature